



AMERICAN ACADEMY
OF OROFACIAL PAIN

Summer 2015

AAOP Newsletter



President's Message:

As we all settle into summer after a wonderful meeting in Denver, I want to begin by expressing my gratitude to Maureen for doing such an outstanding job of leading the academy over the past year. She has always set the bar very high with every task she has taken on. Our academy has been blessed with exceptional leadership over the years and I will strive to carry on that legacy. I would also be remiss if I didn't thank Ken Cleveland for his excellent work as our executive director. His hard work and guidance has been critical to the success that we enjoy.

Our Academy is doing very well. We are increasing in membership, we are experiencing good meeting attendance, and we recently held a successful midyear meeting focused on sleep. Other accomplishments include a well-respected journal and an outstanding guidelines text. It would be easy to become complacent but we all know good enough never is. Our academy founders believed that the existing knowledge base of temporomandibular disorders and facial pain around 1975 was not good enough so they selflessly set out to try to do better for their patients in pain. While we have come a long way over the years, the goals of our founders should persist.

Going forward, we need to strive to be an organization that is indispensable to our membership. We must be responsible in our decision-making as well as initiate creative revenue sources to maintain our financial stability. We need to not only increase our membership but also support and nurture our new members in anyway that we can. We should work toward remaining engaged with one another even after our meetings end. Our committee chairs need to communicate with their committee members on a regular basis throughout the year. By involving the committee members more purposefully, we will be preparing future leaders more effectively.

As an organization, we should be the number one source for education and research in the field of orofacial pain and sleep medicine as it relates to the practice of dentistry. We can accomplish this in part by supporting the existing OFP programs and assisting institutions that do not have OFP programs develop them. Existing OFP program faculty have the opportunity to provide valuable mentorship to faculty of other institutions in developing curriculum in OFP.

I would like to see AAOP sponsored symposiums at national, regional and local dental meetings. In addition to our annual meeting, I would like to see the AAOP provide more learning opportunity throughout the year. This could be in the form of more midyear meetings, study clubs and/or web based learning activities.

Finally, our organization needs to educate other professionals and the public of who we are and what we do. I have given Rich Hirshinger the monumental task of chairing our ad hoc committee on marketing. I would very much appreciate any input and help that you can provide to get our name out. We have the ability to help patients in very significant and cost effective ways but they have to know that we exist. Please consider how you may contribute to this effort.

In conclusion, I am honored to serve as your president this year. I will do my very best to carry on the outstanding legacy of those who have served in this role over the years. Please feel free to contact me if you have ideas, concerns or if you would like to get more plugged in to the academy.

All my best,

Steve

Notice to Members:

Newsletter Contributions:

We would like to encourage our membership to feel free to contribute to the newsletter. If there is a topic of interest you would like to write about, or an announcement you would like to have disseminated to the membership, please submit to Bob Mier at bobmier@mac.com and he will be sure to have it placed in the next edition.



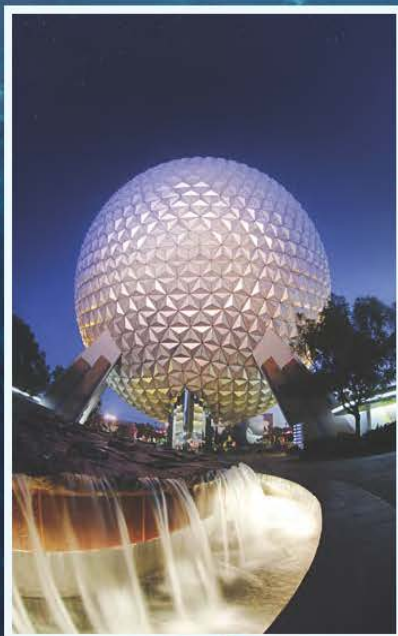
**AMERICAN ACADEMY
OF OROFACIAL PAIN**

AAOP 40th Scientific Meeting

*Convergence in the Trigeminal System:
The Science and Clinical Application
in Orofacial Pain*

April 14 – 17, 2016

**Disney Contemporary Resort
Lake Buena Vista, Florida**



©Disney

2016 ANNUAL MEETING

On behalf of the planning committee of the American Academy of Orofacial Pain's 40th annual scientific meeting, it is my honor to invite you to Orlando, Florida, April 14-17, 2016 for this exciting event. The meeting is entitled "Convergence in the Trigeminal System: The Science and Clinical Application in Orofacial Pain ". This was chosen as the theme as the patients we treat present with many disparate conditions that transcend dentistry and embrace the fields of neurology, physical medicine, sleep, and psychology. The trigeminal nerve exerts an influence on virtually the entire head and neck region, while contributing in some way to all of the conditions we treat as orofacial pain practitioners. We are fortunate to have a group of well-recognized experts from the Headache Cooperative of New England, as well as a wide variety of both orofacial pain providers and experts from other fields as well. In addition, the preconference sessions include a return of the dissection course from Dr. Henry Gremillion, an update on headache medicine from the Headache Cooperative group, and a TMD update from Dr. Ed Wright. Traditionally, our meeting provides discussion of basic science issues that translate to our clinical practices and this year will be no different.

We are very excited about this meeting. We feel that we have invited the very best presenters in the field and know that you will enjoy the venue and family-oriented locale of Disney. I look forward to seeing you all soon,

Robert W. Mier, DDS MS

Co-chairman of the 2016 AAOP annual meeting.

Learning Objectives:

1. Learn about the concepts surrounding convergence in the trigeminal nerve system.
2. Become informed about the most recent advances in headache medicine.
3. Understand concepts in TMD Diagnosis and Management.
4. Become more familiar with the trigeminal system through a dissection course.
5. Understand diagnosis and management of trigeminal nerve injuries.
6. Appreciate Orofacial pain/Headache from an ENT perspective.
7. Become informed about risk stratification for opioids and other medications used in orofacial pain.
8. Learn about the clinical applicability of the OPERRA study.
9. Understand the relationship between pain and exercise through current research in physical therapy.
10. Explore the role of the dentist in sleep medicine and the interaction between sleep and orofacial pain.
11. Explore the use of ultrasound in orofacial pain.
12. Gain a better understanding of the utility of imaging in orofacial pain

2015 ANNUAL MEETING



Meeting chairman and incoming President Steve Bender and President Maureen Lang



Enjoying the President's reception



Drs. Brijesh Chandwani, Barry Glassman, Vanessa Benavent, and Nojan Bakhtiari



Exhibit Floor



Dr. Charles Greene and friends



Drs. Pete Baragona and Rich Hirshinger

2015 ANNUAL MEETING



Enjoying the President's reception



Enjoying the President's reception



The newest AAOP Fellows receiving their certificates from Dr. Sal Manriquez. L-R Drs. Felipe Porto, Michael Singer, David Rainwater, Joseph Matthews, Stanley Markman.



Drs. Brijesh Chandwani and Gary Henderson



Executive Council at the Membership Meeting



Drs. Charles McNeil, Jeff Okeson, Antoon De Laat, Gary Heir, and Gilles Lavigne.

2015 ANNUAL MEETING



Dr. Gary Klasser presenting to outgoing President Maureen Lang



Drs. Don Tannenbaum, Stan Farell, and Rich Cohen



Drs. Rick Borquez and Maureen Lang



Enjoying the lectures



Some of the newest PT fellows- Marvin Galarosa, Michelle Layton, Jonathon Schaefer, Seth Fibraio, and Mark Shropshire.

2015 ANNUAL MEETING



Dr. Glenn Clark at the podium



Enjoying the President's reception



Dr. Barry Sessle giving the keynote address



Drs. Barry Sessle and Gille Lavigne fielding questions



Dr. Lavigne at the podium



Dr. Gary Klasser at the podium

Access to Care: Medical Coding concerns for Third Party Payers and Medicare

Harold F. Menchel DMD ABOP, Chairman Access to Care



Summer Regards to All!

Some members of AAOP have expressed concern over inconsistent medical coding acceptance for bite splints from medical insurers and Medicare. The CPT codes in question are :

Orthotic Unlisted musculoskeletal system (with report)	20999
Orthotic Impression and custom preparation.....	21085
Application of interdental fixation device for conditions other than fracture or dislocation, include removal.....	21110
Handling orthotic.....	99002
Orthotic (CDT [Dental] Code).....	D7880,
Occlusal Guard by report.....	D9940
Orthotic procedure by report mandibular repositioning appliance (HCPCS Code)	S8262
Adjustment of orthotic (15 minutes).....	97762

Third party payers have been indiscriminate in choosing codes they accept for claim submission. This has led to claim denial, and in some instances where one code is accepted in one geographical region but denied in others. Some dental providers have been audited.

Dr. Joseph "Rich" Cohen has organized a group of members who are pursuing this problem both legally and through Congress. A lawyer has already been retained He is looking for more support.

You can contact him by email for more information at richcohen@prodigy.net

Sincerely,

Harold F. Menchel DMD



AAOP affiliated Physical Therapists now Full Members

The 39th AAOP scientific meeting in Denver marked a milestone for the physical therapy community who specialize in orofacial pain (OFP), temporomandibular disorders (TMD), cervicogenic headache (CGH) and cervical spine disorders (CSD). At this meeting the AAOP membership voted in favor of eliminating the affiliate membership status and in its place, allowing all PT's as well as other medical professionals to apply for "full membership"! All PT's should see the change to full AAOP membership status as a positive and necessary step for the interdisciplinary relationship between dentists and physical therapists. It will smooth the path for collaboration between all medical professionals and foster growth in evidence-based practice. We also recognize that this new status gives us the opportunity and responsibility to take part in the shaping of this wonderful organization.

This is a big development! As a PT, attending an AAOP conference in the early 90's would have been a much different experience than today. Back then finding another PT would have been a rare event, as opposed to today when we have significant numbers of PT's attending the various lectures in search of the latest scientific knowledge and clinical practices in the field of OFP, TMD, CGH, AND CSD. Currently PT's are represented in the AAOP as a committee with myself as the Chair. Our members contribute to the yearly scientific meetings with a preconference, a "lunch and learn" and a plenary lecture adding to the body of evidence-based practice, and of course participate in the full conference.

Historically the scientific meeting program has been attractive to the physical therapy community and we have seen a growing number of PTs attending. Many of these PTs appreciate the AAOP conferences as a place to learn and network with other dental and medical professionals. As a result many PT's elect to join the AAOP. I hope that our current PT members continue to recognize the value of this relationship and will actively encourage other PT's to join the AAOP. Speaking for myself, I have found the collaboration with AAOP to be professionally and personally very rewarding. At future AAOP meetings I look forward to reconnecting with long-time colleagues and meeting new colleagues from the PT, dental, and medical community.

Eveline Erni, PT, CMA, MA, CCTT, CODN
AAOP Physical Therapy Committee Chair

Editorial

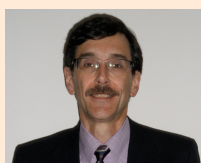
Occam's Razor.....

A recent publication from Dr. Daniele Manfredini¹ looked at the relationship between sleep bruxism (SB) and obstructive sleep apnea (OSA). We would like the answer to be definitive, and in keeping with the law of parsimony, to be succinct and well supported by the evidence. The truth is that we cannot make any statement to that effect at this time. Despite this we all continue to hear from speakers that SB is an attempt by the body to correct or overcome an obstructive event. This is unfortunate as many will take this at face value and believe it to be fact, which is not borne out in the literature. While it may well be found to be the truth based on future research we simply cannot make that statement at the current time. And as presented in the paper Dr. Manfredini discusses the issue that SB events seem to diminish with the use of mandibular advancement devices (MAD) and also with the use of CPAP, but causation cannot be validated from the available body of literature. While this may seem supportive of the concept, it is based on limited support and anecdote.

These concepts also apply to our experiences with myofascial pain and SB, and as shown in a study by Dr. Raphael² SB was not causative for myofascial pain. Despite this many continue to believe that nocturnal bruxism is causative for myofascial pain, and that if an appliance is provided this may help improve the pain symptoms. Again the preferred outcome would allow this to explain and address what we see in our patients, but it is not supported by the current literature. While we all use appliances on a daily basis, we have yet to develop an over-arching theory to explain the mechanism of action. The reality we face though is we must continue to provide care to patients in need, and despite the lack of consensus we all see the benefit to our patients with appliance therapy. However the explanation you provide to your patients must be evidence-based and not based on anecdote.

The alternative perspective is to look at how pain interacts with sleep as Dr. Dubrovsky³ did. He found that myofascial TMD patients had increased sleep fragmentation and Respiratory Effort Related Arousals with a mild increase in upper airway resistance and increased N1 percentage. This may begin to shed some light on how these entities interact, and in fact may be more involved with arousals in general as we gain more knowledge in the coming years. Overall we can see how far we have come in understanding what these complex events are not, and can look forward to learning more definitively what they truly are. In the meantime we must continue to treat our patients to the best of our abilities and be honest and forthright with them in regard to the supporting science.

Robert Mier, DDS, MS
email: bobmier@mac.com



Practice-Based Research Network Participation

Those of you who were at the AAOP 2013 annual meeting heard Dr. Gregg Gilbert's presentations regarding the opportunity to participate in the NIDCR-funded National Dental Practice-Based Research Network. This is a way for practitioners and dental organizations to advance knowledge of dental practice and find ways to improve patient treatments. This research is conducted in the practice setting and has direct benefits for clinical practice.

Dr. Gilbert discussed the opportunity for the AAOP membership to form a TMD and Orofacial Pain research network. This is a unique opportunity for the AAOP to develop and participate in research to assess the effectiveness of different treatments and develop predictors of treatment outcome. The AAOP already has an *ad-hoc* committee addressing this, and Dr. Eric Schiffman and his team have developed a study that will yield valuable information for our practices and for our patients.

To participate, you first need to enroll at <http://www.nationaldentalpbrn.org> and complete the enrollment form. Be sure to enter AAOP in the open text field on the enrollment form where it asks about membership in associations. Future emails and newsletters will also provide more information regarding this study and participation in the Network.

Maureen Lang, DDS MS

Sleep Medicine Committee Report: July 2015

The sleep pre-meeting conference was a successful course at the 2015 AAOP annual meeting in a chilly and snowy Denver in May. The committee met and reviewed a number of items. One of the main projects that will be under the direction of Dr. Elmer Villalon is the production of a standards paper on the role of the dentist in sleep medicine. A number of people will be involved in this project as well and the purpose is to demonstrate the role of the orofacial pain trained dentists role in sleep medicine as well as in the management of oral appliances. Another major area of interest is the second one day mid-year course on Sleep Medicine. The program will be similar to the one held in Chicago last November and will have limited attendance. Announcements for this meeting and discussion course will be sent out soon. At this time the proposed location will most likely be in Chicago at O'Hare airport and the tentative date is Saturday October 24.

Dennis Bailey

SLEEP MEDICINE COMMITTEE LITERATURE REVIEW

July 2015

A 2 year mean follow up of oral appliance therapy for severe obstructive sleep apnea: A cohort study

Haviv et al. Oral Diseases (2015) 21 386-392

Abstract: this is a retrospective study that evaluate the long term outcome and success rates of oral appliances in the treatment of severe obstructive sleep apnea. 52 patients who did not tolerate CPAP, were fitted with oral appliance. A significant reduction of the Apnea-Hypopnea Index was achieved in 24 months. Compliance with oral appliance over time was moderate.

Comment: This study supports the use of oral appliance as a valid treatment for patients suffering from severe sleep apnea who have failed CPAP therapy.

Summary: This control case study compared the effectiveness of mandibular advancement device (MAD) on endothelial function in patients suffering from OSA. 30 patients newly diagnosed with moderately severe to severe obstructive sleep apnea that declined use of CPAP and accepted MAD therapy were compared with 15 healthy patients. The markers used to measure improvement of endothelial function were Serum levels of Nitric Oxide Derivatives (NO_x) and endothelium dependent flow mediated dilation (FMD). 19 out of 30 patients wearing a MAD showed an improvement of endothelial function. The change of serum NO_x and FMD were correlated with a statistically significant change of AHI and SaO₂.

Comment: There has been a progressive acceptance of oral appliances as a valid treatment option for managing sleep apnea. This study shows a positive effect of oral appliances in endothelial function. Studies like this confirm and add to the existence evidence of the positive effectiveness of oral appliances in the management of obstructive sleep apnea.

Lam CS¹, Tipoe GL², So KF³, Fung ML⁴. Neuroprotective mechanism of Lycium barbarum polysaccharides against hippocampal-dependent spatial memory deficits in a rat model of obstructive sleep apnea. PLoS One. 2015 Feb 25;10(2), 1-26.

It is known that chronic intermittent hypoxia (CIH) occurs in patients suffering from OSA and can induce injuries in the hippocampal mediated by oxidative stress. The aim of this study was to investigate the neuroprotective mechanism of Lycium barbarum polysaccharides (LBP) against CHI induce spatial memory deficits.

Adult Sprague-Dawley rats were exposed to hypoxic treatment to mimic severe OSA for a week. The animals were fed with LBP daily, two hours prior to hypoxia or air for the control.

The results showed that administration of LBP normalized the elevated level of oxidative stress, neuroinflammation, endoplasmic reticulum stress, autophagic flux and apoptosis induced by hypoxia. LBP significant reduce both the caspase-dependent intrinsic and extrinsic signaling apoptotic cascades, and prevented the spatial memory deficit.

The authors conclude that LBP is neuroprotective against CIH-induced hippocampal-dependent spatial memory deficits by promoting hippocampal neurogenesis and reducing the apoptotic signaling cascades activated by oxidative stress and inflammation.

Durán-Cantolla J, Alkhraisat MH, Martínez-Null C, Aguirre JJ, Guinea ER, Anitua EJ. Frequency of obstructive sleep apnea syndrome in dental patients with tooth wear. Clin Sleep Med. 2015 Apr 15;11(4):445-50.

The aim of this study was to investigate the frequency of OSA in patients with tooth wear, and to assess the dentist's role in the identification of patient's with OSA.

Patients with tooth wear and oral appliance were recruited to have a sleep study. Dentists were to grade the severity of tooth wear. The mean AHI was 32.4 ± 24.9. The results also showed statistically significant association between AHI severity and tooth wear severity.

The authors concluded that tooth wear could be used to identify patients at risk of having OSA, and dentists should be aware of this in order to provide appropriate referral and care.

Research Funding Opportunity: Invitation to submit grant proposals

The AAOP is committed to supporting the research efforts of students in the field of orofacial pain at every level. This is an announcement of funding to support orofacial pain research of up to \$7,500.00 per selected and approved proposal.

American Academy of Orofacial Pain (AAOP) Research and Grants Committee Fund (RGF) was created to support research efforts in orofacial pain. The AAOP's RGF supports (listed in order of funding priority) research proposals of residents and fellows in orofacial pain training programs, dental students, AAOP members, and then proposals from other researchers which pertain to the field of orofacial pain.

Applications for funding are accepted throughout the year but the deadline to be considered for funds allocation at the AAOP's Annual Meeting in May must be received by March 30th 2015. Information about the grant proposal application can be found on the AAOP website. To apply a letter of intent and the research proposal should be sent to:

Dr Jeffrey Shaefer , 4 Monument Circle, Hingham, Ma 02043

If you have questions about the funding process, Dr Shaefer can be contacted at jshaefer@partners.org or by calling 781-749-0157.

The AAOP's continued support of research efforts in the field will strengthen the AAOP by encouraging grant recipients to become (lifelong) members of the AAOP. AAOP members have and are encouraged to continue to donate to AAOP Research Fund at the time of their annual dues renewal. A \$50.00 donation from each AAOP member would allow the RGF committee to reach it's funding goal for 2015.

Jeff Shaefer DDS, MS , MPH
Chairman AAOP Research and Grants Committee

Industry Relations Committee Report:

The Industry Relations Committee has welcomed its new members and has been busy addressing proposal work before the committee. The Industry Relations Committee is guided by the AAOP Conflict of Interest Guidelines and serves a four-fold purpose:

- to protect the Public Trust
- to protect Orofacial Pain's scientific integrity
- to protect AAOP's professional integrity
- to provide guidance to AAOP regarding conflict of interest issues.

It is through the Industry Relations Committee that potential AAOP meeting sponsors engage AAOP.

Any AAOP member interested in becoming active in our work is welcome to contact the committee chairperson at: sal.manriquez@usc.edu

Respectfully Submitted,

Sal Manriquez, DDS

Chair, Industry Relations Committee of AAOP
Diplomate, American Board of Orofacial Pain
Fellow, American Academy of Orofacial Pain
Fellow, American Headache Society
Clinical Assistant Professor
Orofacial Pain and Oral Medicine Residencies
Ostrow School of Dentistry of USC



American Board of Orofacial Pain

To become a Diplomate of the ABOP one must pass the Written Examination and the Oral Examination, respectively. Individuals must meet certain guidelines prior to being approved to sit for the Written Examination. For more information on qualifying guidelines and to register please download the 2015 ABOP Examination Bulletin, the Bulletin may be downloaded here:

<http://goo.gl/mr21dq>. You may also contact the ABOP at abop@talley.com, call us at 856-224-4266, or visit us at www.abop.net.

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OROFACIAL PAIN MANAGEMENT PRACTICE OPPORTUNITIES

OFFERED BY PETER M. BARAGONA, DMD

PLEASE READ AS THIS OPPORTUNITY HAS CHANGED

Located in Mountain Lakes in the center of Morris County, New Jersey, is my private practice limited to Orofacial Pain Management [OFP]. I have practiced in this location for 40 years and have included Orofacial Pain Management for the past 32. One year ago, I separated my general dentistry practice from OFP and sold the general practice to two young individuals who have no training or interest in OFP. I have continued to practice OFP since that time. My OFP practice is primarily by referral from dentists and physicians from the area of the northern half of NJ, southeastern New York State, and north eastern Pennsylvania who have respect for the quality of conservative evidence based care I provide.

I am a Diplomate of the American Board of Orofacial Pain, past ABOP Director and a Past President of The American Academy of Orofacial Pain. Aside from my practice limited to Orofacial Pain Management in Mountain Lakes, NJ, I continue to maintain an OFP center at Morristown Medical Center, Department of Dentistry, in Morristown, NJ, where I function to educate the general dentistry practice residents while we treat and manage patients referred from within the hospital system. I am an Adjunct Associate Professor at Rutgers School of Dental Medicine, Orofacial Pain Center, which is 20 miles away.

I am looking for a capable qualified individual to share my practice and develop a full time OFP practice in northern NJ. The purpose is eventual transition of the practice and care of my many OFP patients. **There would be NO COST TO YOU INVOLVED in acquiring the practice.** Eventually, the practice would have to be moved to an alternative location. It could even be within the same building. After you do your search to locate Mountain Lakes in Morris County, NJ, you will see that it is a financially healthy, busy suburb of New York City with the city only 30 miles away. The opportunity is limitless. Please contact me at your earliest opportunity if you have any interest and I will gladly answer any questions.

I can be contacted by email at pbarag0517@aol.com [please note in the subject heading the reason for your email], or snail mail at: **Peter M. Baragona, DMD, 420 Boulevard, Suite 102, Mountain Lakes, NJ 07046.**

OFFERED BY RON PREHN

Searching for an associate leading to purchase of a highly successful large Orofacial Pain and Dental Sleep Medicine practice in Houston Texas. Would prefer a person boarded in one or both, but if not, at least be willing to achieve that goal. Located in fast growing upscale community of The Woodlands with all of its amenities for family and schools. 30 minutes from down town Houston and the Dental School (UTDB) for teaching/research if desired.

Contact Ron Prehn rprehn@tmjtexas.com.

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